This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>06/04/07</u>	Address:	Intersection of County
Case #:	<u>16-17328</u>		Road 1200 W.and 300 S.
County:	<u>Ho</u> ward		Kokomo, Indiana
			Kokonio, mujana
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
Operation	onal Lab	Residence	☐ Hotel/Motel
Dumpsit	al/Glassware/Equipment (only)	Outbuilding	Open – No Structure
	•	☐ Vehicle	Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)			
Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia: Open - No Structure			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
Child under	age 18 discovered (check one)	<u>Investigative</u>	Information
⊟ res <u>nva</u> ((number present)	\sqsubseteq Ephedrine/	Pseudocphedrine Tracking Log
*If yes, fax repu	at to Child Protective Services	☐ Retail/Mer ☒ Other: <u>L</u> and	
This report is to be faxed to the following agencies that serve the location:			
Fire Departme	re Department: Kokomo F.D. Fax: 765-456-7580		
Health Department: <u>Howard Co.</u>		Fax: <u>765-456-2292</u>	
Child Protecti	on Service: <u>N/A</u>	Fax: <u>N/A</u>	
For further information regarding this methamphetamine laboratory, contact nvestigating Officer: R.A. Burgess Phone 765-473-6666			
* This form i	e to be found to al. The co	_	

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.